

## (1) PLACE OF BIRTH

County of Florence

Township of .....

Inc. Town of .....

City of Florence

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

40195

Registration District No. 20-A Registered No. 412  
(For use of Local Registrar)(No. 116 S. Barringer St.; ..... Ward)(2) Full Name of Child Henry Grady Weaver, Jr. If child is not yet named, make supplemental report as directed1. BOY OR GIRL Boy 2. Sex or Temp. To be assigned fully in event of Twin or Triplets 3. Number in order of birth ..... 4. Yes 5. DATE OF BIRTH 12-29-1923  
(Name of Month) (Day) (Year)

## FATHER.

6. FULL NAME Henry Grady Weaver7. PRESENT POSTOFFICE OF FATHER Florence, S. C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 33  
(Year)12. BIRTHPLACE Williamsburg Co.13. OCCUPATION Teacher

## MOTHER.

14. NAME BEFORE MARRIAGE Sallie Rowell15. PRESENT POSTOFFICE OF MOTHER Florence16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 24  
(Year)18. BIRTHPLACE Florence Co.19. OCCUPATION X20. Number of children born to mother, including present birth One 21. Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Hicks, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence, S. C.

Given name added from a supplemental report

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 2, 1924 (28) P. H. Parisham, M.D.  
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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